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407-736-6440

NO. 8685 P. 3

MAR 04 2008

PTO/SB/17 (10-07)

Approved for use through 06/30/2010. DMB 0651-0032
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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2008**

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **-180.00-**

Complete If Known

Application Number	10/537,905
Filing Date	05/30/2006
First Named Inventor	Torsten WAHLER
Examiner Name	Roger L. PANG
Art Unit	3681
Attorney Docket No.	2002P18790WOUS

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 502464 Deposit Account Name: Siemens Schweiz AG

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
 under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fee Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>		
	- 20 or HP =	x	=	<u>Fee (\$)</u>	<u>Fee (\$)</u>	
				50	25	
				210	105	
				370	185	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
 - 100- = / 50 = (round up to a whole number) x =

Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \$180.00 for submission of IDS (37 CFR 1.97 and 1.17(o))

-180.00-

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 44,981	Telephone 407 736 6449
Name (Print/Type)	John P. Musone		Date March 4, 2008

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FACSIMILE COVER SHEET

In the UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor: **Torsten WAHLER**

Application No. 10/537,905

Attorney Docket No. 2002P16790WOUS

Filed: 05/30/2006

Title: **GEARING**

Examiner: **Roger L. PANG**

Art Unit: 3681

FACSIMILE ATTN TO EXAMINER: Roger L. PANG FAX NO.: 571-273-8300

AMENDMENT

AND

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents

P.O. Box 1450

Alexandria VA 22313-1450

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office on
March 4, 2008

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PTO/SB/21 Transmittal Form (1 pg.)

PTO/SB/17 Fee Transmittal (1 pg.)

Amendment (5 pgs.)

Information Disclosure Statement (2 pgs.)

Information Disclosure Statement by Applicant (2 pgs.)

Number of pages being transmitted (including this cover sheet): 12 pgs.

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NO. 8685 P. 2

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PTO/SB/21 (10-07)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

11

Application Number

10/537,905

Filing Date

05/30/2008

First Named Inventor

Torsten WAHLER

Art Unit

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